



## Student Experience of Instruction (SEI) Administrative Access Form

**Please return this form to:** Planning and Institutional Research Office, you may email it to [sei.support@ubc.ca](mailto:sei.support@ubc.ca).

The applicant's department must keep a copy of this application on file and can destroy it one year after the user has left the department.

**Important!** As soon as access is no longer needed, please send an email to [sei.support@ubc.ca](mailto:sei.support@ubc.ca) to have access removed.

### Applicant

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

CWL Username \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_ Employee Email \_\_\_\_\_

#### Evaluation and Reporting Systems:

- **Blue:** UBC's current evaluation system for Student Experience of Instruction.
- **CourseEval:** UBC's previous evaluation system for Student Experience of Instruction before Winter 2018.

#### Administrative System:

- **TeachEval:** System to verify course information, teaching assignments, and confirm evaluations.

### Results Access

Instructor Reports Access on **Blue** (for reports after Winter 2018) and **CourseEval** (for reports before Winter 2018)

for Department/School/Faculty: \_\_\_\_\_

### Evaluation Setup Access

Request access to **TeachEval** to verify courses, teaching assignments and to confirm evaluation setup for

Department/School/Faculty: \_\_\_\_\_

## Responsibility

Access to the Student Experience of Instruction (SEI) systems requires you to follow UBC privacy and security policies.

1. I understand that I am responsible for the confidentiality and security of all confidential or sensitive information that I access in the Blue, CourseEval, and TeachEval systems (the "Information"). I will **only access, use and alter the Information as authorized** in this form.
2. I will **not share** the Information with unauthorized users.
3. I will take reasonable steps to ensure that unauthorized users can not view the Information regardless of how I access it.
4. When I extract, download, print or summarize the Information, I will follow UBC Information and Security Standards, including:
  - a. storing Information in electronic format in secure systems;
  - b. protecting Information in electronic format with passwords and encryption;
  - c. transmitting Information in electronic format using University-provided email accounts or other secure network connections;
  - d. not using third party email and storage services such as Gmail, Hotmail, Dropbox and Google Docs to transmit or store Information in electronic format;
  - e. protecting Information in hardcopy format using reasonable physical security precautions;
  - f. keeping Information only as long as it is required for authorized purposes; and
  - g. securely deleting or destroying Information when I no longer need it for authorized purposes.
5. I understand that I must protect password(s) that I use to access Blue, CourseEval, and TeachEval. I will not share my password(s) with anybody else; and I will comply with University password complexity requirements and change my password(s) at least every six months.
6. I understand that my authority to access the Information is limited to the Faculty and Departments listed in this form. **If I lose this authority (for example, if I am suspended or terminated, or my job duties change so that I no longer require access to the Information), I will immediately report this to [sei.support@ubc.ca](mailto:sei.support@ubc.ca) and avoid accessing Information that I am not authorized to access.**
7. If I am accessing the Information for a research purpose, I certify that I have Behavioural Ethics Board (BREB) approval for this research. I understand that BREB approval does not automatically constitute authority to access the Information, and that I am still subject to the terms of this agreement, [UBC Policy LR9](#) and all other [UBC Policies](#).
8. I have read and will comply with UBC Policy SC14, [Acceptable Use and Security of UBC Electronic Information and Systems and the Information Security Standards](#) as well as the [Policy on the Student Evaluation of Teaching](#).

## Acknowledgement of Responsibility

I have read and understood the above conditions and agree to abide by them.

Applicant Name (Printed) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



## Signing Authority Approval

Applicant Full Name \_\_\_\_\_

For Department level access

### Department Head/Program Director

Name \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_

Approval Date \_\_\_\_\_

For Faculty level access

### Faculty Dean/Director

Name \_\_\_\_\_

Position \_\_\_\_\_ Signature \_\_\_\_\_

Approval Date \_\_\_\_\_

The applicant's department must keep a copy of this application on file to refer back to as needed and can destroy it one year after the user has left the department.

### PAIR

Completed by \_\_\_\_\_ Date \_\_\_\_\_